MARYLAND STATE DEPARTMENT OF HEALTH

09447 2411 N. Charles Street, Baltimore 09443

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) R. D. 1

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Ashlin

4. DATE OF DEATH (Month) October (Day) 14 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 10-13-54

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 22 Min. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Ashlin

14. MOTHER'S MAIDEN NAME Margaret Jean Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Thomas Ashlin Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/54, to 10/13/54, that I last saw the deceased alive on 10/13/54, and that death occurred at 12:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Neil Taylor M.D. Rising Sun Md. 10/14/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Oct 15 1954 NAME OF CEMETERY OR CREMATORY Baptist Cem LOCATION (City, town, or county) Conowingo Cecil (State) Md.

DATE REC'D BY LOCAL REG. Oct 18-1954 REGISTRAR'S SIGNATURE C. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS J. E. Tyson Rising Sun Md.

20041711190

RECEIVED
OCT 20 1954
BUREAU V. S.

Item 21f Film G173 11-8-54 ams

09465

09508

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS APG Edgewood Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RASPEBURG X
STREET ADDRESS (If rural, give location) 5 CLIFTWOOD RD.

3. NAME OF DECEASED: (Type or Print) (First) FLOYD (Middle) R. (Last) BACKES

4. DATE OF DEATH (Month) Oct. (Day) 27th (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 19 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): steelworker

10b. KIND OF BUSINESS OR INDUSTRY: construction steel

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Claude Backes

14. MOTHER'S MAIDEN NAME: Winifred Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. F. R. BACKES - 5 Cliftwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 960.6

Immediate cause (a) Fracture skull — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture both bones both forearm — 7 hours

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION: 12

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Building

21c. (City or town) Aberdeen (County) Harford (State) Md.

21d. TIME (Month) (Day) (Year) OF INJURY 10/27/54 (Hour) 1 50 P. M.

21e. INJURY OCCURRED While at work ☒ 0 Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell 20 ft off construction. Was steel worker.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL, (Specify): burial — DATE THEREOF 11/1/54 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 10-29-54 — REGISTRAR'S SIGNATURE G W Hedrick — 24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

09444

MARYLAND 09466

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Fallston Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) James (Middle) J (Last) Badinger

4. DATE OF DEATH (Month) October (Day) 14 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Aug 8 1873

9. AGE last birthday 81 yrs. If under 1 year Months Days; If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Badinger

14. MOTHER'S MAIDEN NAME Teresa Hergel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs Victoria Lochner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15 ..., 19 54 to Oct 14, 19 54, that I last saw the deceased alive on 10-14-, 19 54 and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) MD ADDRESS Bel Air Md DATE SIGNED 10/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct 18 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 10-16-54 — REGISTRAR'S SIGNATURE Priscilla Fenwood

24. FUNERAL DIRECTOR W.T. Archer — ADDRESS Bowson Md

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 19 1954
BUREAU V. S.

Items:7-8-9-10a-10b-11-14-15-16-17 Film G172 11/11/54 dmr.
09448 Item 2,FilmG 172 11-1-54 at 09445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cardiff
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Samuel Blake	October 25 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	White	Married M	Jan. 10, 1922	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stone Mason	U.S.Naval, Bainbridge, Md.	Esty, West Va.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Newton Blake	Maggie Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	233-22-5933	Mrs. Bernice Hope Blake-Cardiff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture skull	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Route 440	21c. (City or town) (County) (State)
		Dublin Harford Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
10/24/54 12 03 A M.		Auto accident, auto - object type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/26/54	Bussy Flat	W. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-25-54	A.W.Hedrich dmr.	Philip Henry Sons	2024 Orleans St

VS. A15A - 5 - 53.

31

09467 MARYLAND STATE DEPARTMENT OF HEALTH 09446

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston | LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) William (Last) BODE

4. DATE OF DEATH: (Month) Oct. (Day) 6th (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Mar. 7 1868 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Frankfort Germany | 12. CITIZEN OF WHAT COUNTRY? German

13. FATHER'S NAME: Henry Bode | 14. MOTHER'S MAIDEN NAME: Margaret Fass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: William Bode

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Hypertensive Cardio-Vasc. Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 5, 1954, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson | (Degree or title) MD | ADDRESS: Forest Hill, Md | DATE SIGNED: 10/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct 8 1954 | NAME OF CEMETERY OR CREMATORY: St. Paul Lutheran | LOCATION (City, town, or county) (State): Kingsville, Balto Co Md

DATE REC'D BY LOCAL REG.: 10-6-54 | REGISTRAR'S SIGNATURE: Priscilla Fonwood

24. FUNERAL DIRECTOR: W. S. Tarbert | ADDRESS: Benson Md

VS. A15

RECEIVED
OCT 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]9448

09449

CERTIFICATE OF DEATH

Reg. Dist. No. 155

Item 6, Filed 11-12-54 et

1. PLACE OF DEATH: County: Harford — Maryland; City or Town (If outside corporate limits, write RURAL and give nearest town): Havre de Grace; Length of Stay (in this place): 53 yrs.; Hospital or Institution or Street Address: —

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Maryland; County: Harford; City or Town (If outside corporate limits, write RURAL and give nearest town): Havre de Grace; Street Address (If rural give location): 353 Union

3. NAME OF DECEASED (Type or Print): (First) Melville (Middle) T (Last) Bonell

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 54 19__

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 3/15/1901

9. AGE last birthday: 53 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry S Bonell

14. MOTHER'S MAIDEN NAME: Elizabeth Seyfert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes (If Yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. R. T. Bonell 353 Union, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary Oedema	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Coronary occlusion	1 hour
	DUE TO (c)	Hypertensive Cardiac enlargement	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Oct 12, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE: John Wolbert (Degree or title) MD — ADDRESS: Havre de Grace — DATE SIGNED: Oct 6 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/15/54 — NAME OF CEMETERY OR CREMATORY: Mt. Erin — LOCATION (City, town, or county) (State): Havre de Grace, Md

DATE REC'D BY LOCAL REGISTRAR: Oct. 15-1954 — REGISTRAR'S SIGNATURE: L. Lewis — 24. FUNERAL DIRECTOR: H. Pennington & Son — ADDRESS: Havre de Grace, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09447

09468 CERTIFICATE OF DEATH Reg. Dist. No. 18 1

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.P.H.S. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 171 E. Deen Ave

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Everett (Last) Borden Jr.
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (S)
8. DATE OF BIRTH: Oct 1, 1954
9. AGE Last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 5

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Everett Borden
14. MOTHER'S MAIDEN NAME: Virginia Jane Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Robert E. Borden Sr. aberdeen md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Prematurity DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 4 hrs. 50 mins

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Oct, 1954, to 2 Oct, 1954, that I last saw the deceased alive on 2 Oct, 1954, and that death occurred at 1930 hrs, from the causes and on the date stated above.
SIGNATURE (Degree or title) Richard Allen, or Lt. MC A.U.S. ADDRESS Md. DATE SIGNED 2 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 5-1954
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) aberdeen, Maryland
DATE REC'D BY LOCAL REGISTRAR Oct 5-1954
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Tarring ADDRESS aberdeen, md

22042832

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09450 **MARYLAND STATE DEPARTMENT OF HEALTH** 09449

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air — LENGTH OF STAY (In this place): about 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 357

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air
STREET ADDRESS (If rural, give location): Box 357

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Mae (Last) Brown

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-26-1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward J. Brown

14. MOTHER'S MAIDEN NAME: Eleanor Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Ella Townsend, 1651 N. Fraser Street, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis (1 year)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1954, to Oct. 1, 1954, that I last saw the deceased alive on Sept. 29, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE: D. Ridgely Gray, M.D. (Degree or title) — ADDRESS: Churchville, Md. — DATE SIGNED: Oct. 1, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-4-1954 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county): W. Churchville — (State): Md.

DATE REC'D BY LOCAL REG.: 10-2-54 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Otelia J. Bullock — ADDRESS: 556 Lewis, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09469 09450

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: HOME
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - FALLSTON
LENGTH OF STAY (in this place) 6 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED: RURAL ROUTE - FALLSTON
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FALLSTON
STREET ADDRESS (If rural give location) NEAR BENSON -

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) ELIZABETH (Last) BROWN
4. DATE OF DEATH: (Month) OCT (Day) 17 (Year) 19 54

5. SEX: F.
6. COLOR OR RACE: N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 19 OCT '02
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FALLSTON, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THADDEUS BROWN
14. MOTHER'S MAIDEN NAME: PHOEBE BOND

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS ARTHUR JOHNSON - SISTER FALLSTON, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CORONARY OCCLUSION	FEW SECONDS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE	14 YEARS
	DUE TO (c) HYPERTENSION SEVERE	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 48, to 17 OCT, 19 54, that I last saw the deceased alive on 13 OCT, 19 54, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE H. K. Sedwell (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 17 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 20, 1954
NAME OF CEMETERY OR CREMATORY Tabernacle
LOCATION (City, town, or county) (State) Benson, Md

DATE REC'D BY LOCAL REGISTRAR 10-18-54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR W. H. Archer ADDRESS Benson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09451

09470 CERTIFICATE OF DEATH Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air- Rural X
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Almshouse X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) BURTON
4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 6, 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: LeRoy Burton
14. MOTHER'S MAIDEN NAME: Nancy Cage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214 34 3716
17. INFORMANT & ADDRESS: Clark Fitzpatrick, Supt. Almshouse, Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma of Stomach — ?
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Cardio-vascular disease. ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 19 54 to Oct. 26, 19 54, that I last saw the deceased alive on Oct. 24 19 54, and that death occurred at 4:00 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wiland P. Hudson MD Forest Hill, Md 10-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 27/54 NAME OF CEMETERY OR CREMATORY County Home LOCATION (City, town, or county) (State) Bel Air, Md

DATE REC'D BY LOCAL REGISTRAR 10-27-54 REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T Jones ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09451

09452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS 512 Fountain (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry; (Middle) Webster; (Last) Cooling

4. DATE OF DEATH: (Month) 10/17/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/5/1872

9. AGE last birthday: 82 yrs.; If under 1 year: Months 2, Days 12, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Cooling

14. MOTHER'S MAIDEN NAME: Sarah Burnsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs H W Cooling Havre de Grace

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease — ?

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1954, to 10/17, 1954, that I last saw the deceased alive on 10/17, 1954, and that death occurred at / p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edna E. Cooling, M.D. ADDRESS: 420 N. Union Ave., Havre de Grace, Md. DATE SIGNED: 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/19/54

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Oct. 19-1954

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Jennings & Thomas ADDRESS: Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09471

09453

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MITCHELL (Middle) (Last) COOMES

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX Male | COLOR OR RACE White | 6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | DATE OF BIRTH (Month, Day, Year) March 16, 1882 | AGE Last Birthday 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairy Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Alleghany Co. W. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Coomer | 14. MOTHER'S MAIDEN NAME Margaret Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT AND ADDRESS Mr. Bert Coomer

18. MEDICAL CERTIFICATION Bel-air, Md, R.D.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TOXEMIA due to Extensive — 1 wk

Antecedent cause(s) EPITHELIOMA OF FACE — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1953, to Oct 5, 1954, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Willard P. Hudson M.D. Forest Hill Md 10/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 9 1954 | NAME OF CEMETERY OR CREMATORY Oak Grove Cem | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct 8, 1954 | REGISTRAR'S SIGNATURE Pauline Lonwood | 24. FUNERAL DIRECTOR H. B. Bailey | ADDRESS Darlington, Md.

RECEIVED
OCT 14 1954
BUREAU V. S.

09472

09454

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Hartford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill R. — LENGTH OF STAY (In this place) Hyrs 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill, Rocks R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Hawkins

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2, 1880

9. AGE last birthday: 74 yrs. — If under 1 year: Months 11 Days 28 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: A. M. E. Church

11. BIRTHPLACE (State or foreign country): Prince George, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Hawkins

14. MOTHER'S MAIDEN NAME: Harriett Booze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Gertrude Hawkins — 306 N. Carrollton Ave Balto. City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease.	3yrs.
	(c) Arteriosclerotic cardiovascular disease	3yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22 ..., 1951, to Oct 22, 1954, that I last saw the deceased alive on Oct 9, 1954, and that death occurred at 7 00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Duff M.D. ADDRESS Street Md DATE SIGNED Oct 22 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Oct 27, 1954 — NAME OF CEMETERY OR CREMATORY Union Bethel AME. — LOCATION (City, town, or county) (State) Vee Bee Prince George, Md

DATE REC'D BY LOCAL REG 10-23-54 — REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Martin L. Kurtz — ADDRESS Lanesville Md

09452 Item 9, Film G171 10-14-54 ct 69455

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bel Air
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY York
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN York
STREET ADDRESS (If rural, give location) 318 Hudson St

3. NAME OF DECEASED: (First) Woodman (Middle) S. (Last) Herr
4. DATE OF DEATH (Month) October (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Dec 8-1892	61 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wm F Porter York Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Parkman M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct 8/54
NAME OF CEMETERY OR CREMATORY Green Mount
LOCATION (City, town, or county) (State) York Pa

DATE REC'D BY LOCAL REG. 10-6-54
REGISTRAR'S SIGNATURE Priscilla Lonewood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

09453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09456

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE — LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
STREET ADDRESS (If rural, give location) 366 CONGRESS AVE.

3. NAME OF DECEASED (Type or Print): (First) ESTHER (Middle) (Last) HUGUENIN

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-10-01

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward ABERG

14. MOTHER'S MAIDEN NAME: ELVIRA BECKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-48-8742

17. INFORMANT AND ADDRESS: Dorothy H. Charles 366 Congress St Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Gall bladder — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1954, to Oct 28, 1954, that I last saw the deceased alive on Oct. 28, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: E. V. Simon — (Degree or title) M.D. — ADDRESS Havre De Grace — DATE SIGNED 10/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/30/54 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Oct 29-1954 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Funeral Home — ADDRESS: Havre de Grace Md.

09454 Item 9, FilmG172 11-8-54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 19457

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford · MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 523 S. Rogers Ave Aberdeen
STREET ADDRESS (If rural, give location) N.E.

3. NAME OF DECEASED: (First) IONA (Middle) LAURA (Last) King
4. DATE OF DEATH (Month) October (Day) 2 (Year) 19-4

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	1/1/1911.	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Omaha Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Yates.
14. MOTHER'S MAIDEN NAME: Aida Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Harold E. King Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture cervicle vertebra — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. compound fracture both bones

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Store
21c. (City or town) Aberdeen (County) Harford (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 21 (Year) 54 (Hour) 7P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Automobile accident - not pedestrian

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lowell C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED —

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct. 26, 1954	Mount Hope	Omaha Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 23-1954	J. L. Lewis M.D.	W. Madison Mitchell	Havre de Grace Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09458

09473 # CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Rural; LENGTH OF STAY (in this place) 1½; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural); STREET ADDRESS (If rural give location) Bel Air Md.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Richard Hope (Last) KIRKWOOD

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Mar 10, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer Retired Gen Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madonna Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Kirkwood

14. MOTHER'S MAIDEN NAME: Isabelle Cairnes

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edwin Perry Kirkwood White Hall Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS

Antecedent causes (b) Arteriosclerosis (Cardio-Vascular Disease)

Underlying cause last. DUE TO (c)

Interval Between Onset And Death: (a) 12 hrs. (b) ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1950, to Oct 27, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

*SIGNATURE (Degree or title) Willard P. Hudson M.D. ADDRESS Forest Hill, Md DATE SIGNED 10/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 30-54 — NAME OF CEMETERY OR CREMATORY Bethel — LOCATION (City, town, or county) (State) Madonna Harford Md

DATE REC'D BY LOCAL REGISTRAR 10-29-54 — REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR Martin & Hertz Jarrettsville ADDRESS Md

09455 09459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) Lilley.

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 9-12-89 | 9. AGE last birthday: 7[illegible] yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RR Track Foreman | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Lilley | 14. MOTHER'S MAIDEN NAME: Keithley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 218-03-9090 | 17. INFORMANT AND ADDRESS: Grace V. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Paralysis Right Side Arterio - Sclerosis — 7 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27 19.54, to Oct 1- 19.54 that I last saw the deceased alive on Oct 1- 19.54, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE O T Ogmonson (Degree or title) M.D. ADDRESS Port Deposit. Md. DATE SIGNED 10/2/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct 5 1954 | NAME OF CEMETERY OR CREMATORY: Methodist | LOCATION (City, town, or county) (State): North East Cecil Md

DATE REC'D BY LOCAL REG. Oct 6-54 | REGISTRAR'S SIGNATURE C. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Joseph A Lucas | ADDRESS North East Md

RECEIVED
OCT 8 1954
BUREAU V. C

09456

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. (9461)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 5 days; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Unknown; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lancaster; STREET ADDRESS (If rural, give location) 424 South Christian

3. NAME OF DECEASED: (First) David (Middle) Mc (Last) Conney (Type or Print)

4. DATE OF DEATH (Month) October (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/1/1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 7 Days 11; IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Body Fender Work

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Wm. Mc Conney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Helen Mc Conney, Lancaster Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Accidental Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Susquehanna River **21c.** (City or town) Havre de Grace (County) Harford (State) Md

21d. TIME OF INJURY (Month) Oct (Day) 14 (Year) 1954 (Hour) 7 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Fell out of boat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lionel C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM ☒ DATE SIGNED 10/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 10/19/54; NAME OF CEMETERY OR CREMATORY Riverview; LOCATION (City, town, or county) Lancaster Pa (State)

DATE REC'D BY LOCAL REG. Oct. 16 - 1954; REGISTRAR'S SIGNATURE H. L. Lewis M. D.; **24. FUNERAL DIRECTOR** Penna Funeral Home; ADDRESS Havre de Grace Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

09461

09457

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location) Rock Spring Ave

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) V (Last) Moore

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct 29 1890

9. AGE last birthday 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Raleigh N C

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Moore

14. MOTHER'S MAIDEN NAME Mary Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Harry H Hipkins Rock Spring Ave Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction and peritonitis — Interval between onset and death: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Abdominal Carcinomatosis — 1 year

(c) Carcinoma right ovary — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma right ovary

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1952, to Oct. 10, 1954, that I last saw the deceased alive on Oct. 10, 1954 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Charles Richardson (Degree or title) ADDRESS Bel Air, Md. DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Oct 13-1954

NAME OF CEMETERY OR CREMATORY Baker's Cemetery

LOCATION (City, town, or county) Hardman RD (State) Md

DATE REC'D BY LOCAL REG. 10-11-54

REGISTRAR'S SIGNATURE Priscilla Harwood

24. FUNERAL DIRECTOR Joseph T Fiste Bel Air Inc ADDRESS

MARGIN RESERVED FOR BINDING

M

I

1954 64 D

RECEIVED
OCT 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09462

09474 CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN RURAL - WHITEFORD
LENGTH OF STAY (in this place) 68 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WHITEFORD
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CARROLL (Last) MORRIS

4. DATE OF DEATH: (Month) OCT. (Day) 1, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JULY 25, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARM OWNER

10b. KIND OF BUSINESS OR INDUSTRY: AGRI.

11. BIRTHPLACE (State or foreign country): HARFORD CO, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC E. MORRIS

14. MOTHER'S MAIDEN NAME: LOURENA WATSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CLYDE MORRIS, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) COMMON SCLEROSIS

DUE TO

(c) HYPERTENSIVE HEART DISEASE

Interval Between Onset And Death: 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to [illegible], 19..N/ that I last saw the deceased alive on Sept 17, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Bowie, M.D.

ADDRESS CHRISFIELD, MD.

DATE SIGNED Oct. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF Oct. 4, 1954

NAME OF CEMETERY OR CREMATORY TABERNACLE

LOCATION (City, town, or county) (State) HARFORD CO., MD.

DATE REC'D BY LOCAL REGISTRAR 10-3-54

REGISTRAR'S SIGNATURE Priscilla Howard

24. FUNERAL DIRECTOR ADDRESS JOHN H. HARKINS, DELTA, PA.

VS. A15

a Coronary Thrombosis
b- " Sclerosis
c. Hypertensive heart disease

Cholecystitis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09463

09475 CERTIFICATE OF DEATH Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hosp, APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 175 W. Deen Avenue

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Jason (Last) Murphy

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3 Oct 1954

9. AGE Last birthday: 0 yrs. IF UNDER 1 YEAR Months — Days 3 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NA

10b. KIND OF BUSINESS OR INDUSTRY: NA

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jewell E. Murphy

14. MOTHER'S MAIDEN NAME: Dona Ruth Elbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NA

17. INFORMANT & ADDRESS: Post Hospt. Records. A.P.G. Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pneumonia and atelectasis — 18 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) aspiration of feeding — 18 hrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity — 3 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Oct, 1954, to 6 Oct, 1954, that I last saw the deceased alive on 6 Oct, 1954, and that death occurred at 0715 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Allen M.D. Lt. MC USAF — ADDRESS 2151st USAH APG Md. — DATE SIGNED 6 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/7/54 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) (State) Aberdeen Md.

DATE REC'D BY LOCAL REGISTRAR Oct 7-1954 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR — ADDRESS John T. Darsey Aberdeen Md.

VS. A15

OCT 11 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09464

09476 CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
LENGTH OF STAY (in this place) 6 yrs 11 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Co Home
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) (Last) Pace

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Wh.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Oct 15 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Aberdeen Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Mary Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Clark Fitzpatrick Sgt. Co. Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 3 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr. Cardio-Vascular disease — 3 yr.
DUE TO (c) Secondary Anemia — 8 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Oct 26, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 27/54 | NAME OF CEMETERY OR CREMATORY Harford Co Home | LOCATION (City, town, or county) Bel Air Rural (State) Harford Md

DATE REC'D BY LOCAL REGISTRAR 10-26-54 | REGISTRAR'S SIGNATURE Priscilla Townsend | 24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69465

09477 CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITE FORD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITE FORD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) CHARLES (Middle) (Last) PEARCE

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): | 8. DATE OF BIRTH: JULY 1, 1878 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Marble quarry

11. BIRTHPLACE (State or foreign country): WALES

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE PEARCE

14. MOTHER'S MAIDEN NAME: MARY ROBERTS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary K. Pearce, White Ford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

Immediate cause (a) ..... DUE TO Carcinoma of duodenum — Interval Between Onset And Death 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1953, to Oct. 21, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 8.32 AM., from the causes and on the date stated above.

SIGNATURE Charles C. Neff (Degree or title) ADDRESS Street, Md. DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-24-54 | NAME OF CEMETERY OR CREMATORY CENTRE | LOCATION (City, town, or county) NEW PARK, York Co. (State) PA.

DATE REC'D BY LOCAL REGISTRAR 10-22-54 | REGISTRAR'S SIGNATURE Priscilla Fawcett | 24. FUNERAL DIRECTOR Kenneth W. Coburn ADDRESS

VS. A15

09458 09466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1855

M

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; LENGTH OF STAY (In this place): 9 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; STREET ADDRESS (If rural, give location): 75 Catalina Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charlie	L.	Phillips		Oct.	3	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	5-9-54	yrs.	4	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Md. Aberdeen P.G.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Phillips	Hannah Bella Gay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Charles Phillips Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia Bilateral	24 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro-enteritis cause undetermined	3 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 2, 19 54, to Oct 3, 19 54, that I last saw the deceased alive on Oct 3, 19 54 and that death occurred at 4 40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Wachsman MD	Havre de Grace Md	10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/5/1954	Bryson Lutheran	Cranberry Creek, Ky.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 3-1954	H. L. Lewis M.D.	Pennington & Son	Havre de Grace Md

OCT 5 1934
BUREAU V. S.

09478

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09467

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
(If outside corporate limits, write RURAL and give nearest town)
TOWN Darlington Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Teresa (Middle) Lynn (Last) Phipps

4. DATE OF DEATH (Month) October (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 19, 1954

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pro

10b. KIND OF BUSINESS OR INDUSTRY: no

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Phipps

14. MOTHER'S MAIDEN NAME: Grace Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Wesley Phipps Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 10

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 29 1954 NAME OF CEMETERY OR CREMATORY Welcome Home Cem LOCATION (City, town, or county) Harford Co, Md. (State)

DATE REC'D BY LOCAL REG. Oct. 28 '54 REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

VS. A15A - 5 - 53

09479

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09468 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Joppa
LENGTH OF STAY (in this place) 1 o 3 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Lura (Middle) V (Last) Putney
4. DATE OF DEATH (Month) Octobr (Day) 28 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Single	Sept. 22, 1954		1	3		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Joppa, Harford Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Mary Putney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mary Putney, Joppa, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 10/29/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/1954	Community Baptist	Joppa, Harford, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/1954	Mame M. Monkdale	Howard K. McComas & Son	Abingdon Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09469

MARYLAND 09459

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Rutledge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Rutledge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) (Last) Robinson

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1954

5. SEX F | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Oct 9, 1954 | 9. AGE last birthday ____ yrs. | If under 1 year: Months. Days 4 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harford Co. Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nelson Robinson

14. MOTHER'S MAIDEN NAME Ruby Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) 1

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Nelson Robinson, Fallston, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Septicemia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Meningocele - Base of Brain -

(c) Same —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION / | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1954, to Oct 13, 1954, that I last saw the deceased alive on ____, 19____, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Jam Thomson Jr M.D. Jarrettsville, Md. Oct. 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 14, 1954 | NAME OF CEMETERY OR CREMATORY Jarrettsville Cem. | LOCATION (City, town, or county) (State) Jarrettsville, Harford Co. Md

DATE REC'D BY LOCAL REG. Oct 14 1954 | REGISTRAR'S SIGNATURE C. L. Lewis M.D. | 24. FUNERAL DIRECTOR ADDRESS Martin L. Kurtz, Jarrettsville, Md.

04-65405

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9471)

09480 # CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 1-10/12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Saugus
STREET ADDRESS (If rural give location) 12 Curtis Rd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Susan Denise Searles

4. DATE OF DEATH: (Month) (Day) (Year) October 12 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 29 1953

9. AGE last birthday: yrs. 13
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanley Nelson Searles 2d

14. MOTHER'S MAIDEN NAME: Maria Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Capt S.N. Searles Jr Army Chemical Center, Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3

Immediate cause (a) DUE TO: Intestinal obstruction — Interval Between Onset And Death: 13 days

Antecedent causes (b) DUE TO: atresia of ileum — 13 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumoperitonitis — 4 days

19a. DATE OF OPERATION: 14, 10 October 54

19b. MAJOR FINDINGS OF OPERATION: atresia of ileum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Sep., 1954, to 12 Oct., 1954, that I last saw the deceased alive on 12 Oct., 1954, and that death occurred at 10 40 hrs from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Allen, Jr Lt MC USAR — ADDRESS CPO Md — DATE SIGNED 12 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/13/54 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) (State) Edgewood, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 13-54 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John G. Darring — ADDRESS Aberdeen Md.

219428538

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 15
BUREAU V. S.

09471

MARYLAND 09481

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) Ray (Last) Shepperd

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 19 54

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: Nov 4, 1951 — 9. AGE last birthday: 2 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No — 10b. KIND OF BUSINESS OR INDUSTRY: No — 11. BIRTHPLACE (State or foreign country): Harford Co, Md, — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Stanley R. Shepard — 14. MOTHER'S MAIDEN NAME: Caroline Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No — 16. SOCIAL SECURITY No.: No — 17. INFORMANT AND ADDRESS: Stanley R. Shepard Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Ichthyosis — INTERVAL BETWEEN ONSET AND DEATH: Life

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4 ..., 1951, to Oct 14, 1954, that I last saw the deceased alive on 3/15, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold C Passmore MD Bel Air Md. 10/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 17, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG: Oct. 16, 1954 — REGISTRAR'S SIGNATURE: C. H. Kirk — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09472

09460 CERTIFICATE OF DEATH Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 251 Lewis Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 251 Lewis Street

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) A. (Last) Smith

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-28-1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Harford Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Holland Sr.

14. MOTHER'S MAIDEN NAME: Harriett J. Stansbury

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: 217-26-1020

17. INFORMANT & ADDRESS: 251 Lewis Street Mrs. James Holland, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c) Hypertensive Cardiovascular Disease

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1950, to 10/2., 1954, that I last saw the deceased alive on 10/2, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE George J. Stansbury, M.D. (Degree or title) ADDRESS Havre de Grace, Md. DATE SIGNED 10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-6-1954 NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery LOCATION (City, town, or county) W. Aberdeen, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 5-1954 REGISTRAR'S SIGNATURE G. L. Lewis M.D.

24. FUNERAL DIRECTOR Otelia J. Bullock ADDRESS Havre de Grace Md.

RECEIVED
OCT 6
BUREAU

09461 MARYLAND STATE DEPARTMENT OF HEALTH 09473

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Items 8,9, Film171 10-11-54 ek

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 706 N. Stokes St.

3. NAME OF DECEASED (Type or Print): (First) Armando (Middle) F. M. (Last) Targuini

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/9/1895

9. AGE last birthday: 63 Years; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Painter

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. R. F. Favo, 5818 W. Hills Rd. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Mellitus, Acidosis Coma — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerotic Hypertensive Cardiovascular Renal Disease

(c) Terminal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1954, to Oct 3, 1954, that I last saw the deceased alive on Oct 3, 1954, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. Foley M.D. ADDRESS: 706 N. Stokes St. Havre de Grace, Md. DATE SIGNED: 10/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/6/54 | NAME OF CEMETERY OR CREMATORY: Mt. Erin | LOCATION (City, town, or county) (State): Havre de Grace Md

DATE REC'D BY LOCAL REG. Oct 5-54 | REGISTRAR'S SIGNATURE: C. R. Towne M.D. | 24. FUNERAL DIRECTOR: Funeral Home ADDRESS: Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09474

09462

CERTIFICATE OF DEATH

Reg. Dist. No. 155

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural, give location) Post Road

3. NAME OF DECEASED: (Type or Print) (First) Ellie (Middle) V. (Last) Thomas

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8 DATE OF BIRTH: July 16, 1890

9 AGE last birthday: 64 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elihue Graybeal

14. MOTHER'S MAIDEN NAME: Mary V. Graybeal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr. Roy J. Thomas, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Stomach

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cervical Carcinomatosis

DUE TO (C) Carcinoma of Pulmonary Cardiac

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 9/21/54

19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Stomach & Stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 19 54, to Oct 15, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at 21? M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 46 W. Union Ave. DATE SIGNED 10/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 18 1954

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18-54

REGISTRAR'S SIGNATURE A. L. Lance M.D.

24. FUNERAL DIRECTOR ADDRESS R. Madison Mitchell Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

OCT
BUREAU U. S.

09482

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09475

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Gd. | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21st-1 US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY Lumpkin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #4 Dahlonega
STREET ADDRESS (If rural, give location) Same as above

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Coleman (Last) Thompson
4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 16 Jan 1937
9. AGE: Last birthday 17 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student Soldier in US Army
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Grady Henry Thompson
14. MOTHER'S MAIDEN NAME: Alwayne Colwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: U.S. Army Hospt A.P.G. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492 Immediate cause (a) Acute myocarditis — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Streptococcal pneumonia — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Oct., 1954, to 26 Oct, 1954, that I last saw the deceased alive on 26 Oct., 1954, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE Peter P. Mayock Jr. (Degree or title) M.D. ADDRESS 2151-1 ASU, USAH, APG Md. DATE SIGNED 26 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/28/54 | NAME OF CEMETERY OR CREMATORY: City Cemetery | LOCATION (City, town, or county) (State): Dahlonega, Georgia

DATE REC'D BY LOCAL REG.: Oct 28-54 | REGISTRAR'S SIGNATURE: Nellie G. Perry | 24. FUNERAL DIRECTOR: John G. Darring Aberdeen Md. | ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09463

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09476 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3
STREET ADDRESS (If rural, give location) 4418 Marble Hall Rd.

3. NAME OF DECEASED: (First) William (Middle) S. (Last) Towles Jr.
4. DATE OF DEATH (Month) October (Day) 2 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 3, 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months 11 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cost Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Alb. Goetze Inc
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William S. Towles Sr.
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give year or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Margaret Towles. 4418 Marble Hall Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 10/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct 5, 1954
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/5/54
REGISTRAR'S SIGNATURE A. W. Hedrick M.D.
24. FUNERAL DIRECTOR ADDRESS John A. Loran, 7000 E. Belto. St.

09464 **MARYLAND STATE DEPARTMENT OF HEALTH** 09477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 19 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Paradise Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	Emma	Walker	10	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	widow	7/26/1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	Pennsylvania	U.S.A.

13. FATHER'S NAME: Jacob H. Glackin
14. MOTHER'S MAIDEN NAME: Mary A. McCleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: J. P. Walker, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	9 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	?
	(c)	

4200

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 19 54, to 10/29, 19 54, that I last saw the deceased alive on 10/29, 19 54, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederick J. Haslam	M.D.	27 N. Philo St. Aberdeen, Md.	10/29/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Nov. 1, 1954	Mt. Nebo	Delta,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 29-1954	G. L. Lewis M.D.	John H. Harkins,	Delta, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 1 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09478

09483

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) Jewell (Last) Wilson

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: June 25, 1866 | 9. AGE last birthday 88 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Fallston Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Jewell | 14. MOTHER'S MAIDEN NAME: Elizabeth Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Henry Wilson Fallston Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
501X IMMEDIATE CAUSE	(A) Broncho pneumonia	1 day.
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Bronchitis	4 days.
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cerebral arteriosclerosis	2 mos +

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1954, to Oct. 28, 1954, that I last saw the deceased alive on Oct. 27., 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE Isabel H. McClinton M. D. ADDRESS Kingsville, Md DATE SIGNED Oct. 28. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 31, 1954	Friendship Methodist	Fallston Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-29-54	Priscilla Foxwood	W. F. Archer	Benson Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 1 1934
BUREAU V. S.